

10-Month Employees Health Benefit Plan Premium Rates

Federal Employees Health Benefits (Employees hired before 10/01/1987)

The premium rates listed below are for 10 month AFSCME employees (ie. Educational Aides).

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
AETNA OPEN ACCESS HIGH OPTION			
Self	JN1	\$139.45	\$334.67
Family	JN2	\$308.44	\$748.06
AETNA OPEN ACCESS BASIC OPTION			
Self	JN4	\$52.59	\$126.20
Family	JN5	\$123.06	\$295.34
AETNA HEALTHFUND CONSUMER DRIVEN HEALTH PLAN (CDHP)			
Self	221	\$43.85	\$105.25
Family	222	\$100.86	\$242.06
AETNA HEALTHFUND HIGH DEDUCTIBLE HEALTH PLAN (HDHP)			
Self	224	\$37.38	\$89.70
Family	225	\$81.86	\$196.45

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
APWU HEALTH PLAN HIGH OPTION			
Self	471	\$55.73	\$133.75
Family	472	\$126.01	\$302.45
APWU HEALTH PLAN CONSUMER DRIVEN HEALTH PLAN (CDHP)			
Self	474	\$42.09	\$101.02
Family	475	\$94.68	\$227.24

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
BLUE CROSS BLUE SHIELD STANDARD			
Self	104	\$87.54	\$210.10
Family	105	\$200.48	\$481.16
BLUE CROSS BLUE SHIELD BASIC			
Self	111	\$50.38	\$120.91
Family	112	\$117.99	\$283.18

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
CAREFIRST BLUECHOICE HIGH OPTION			
Self	2G1	\$61.46	\$147.49
Family	2G2	\$139.36	\$334.46

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
GEHA BENEFIT PLAN HIGH OPTION			
Self	311	\$86.17	\$206.80
Family	312	\$201.57	\$483.76
GEHA BENEFIT PLAN STANDARD OPTION			
Self	314	\$40.11	\$96.26
Family	315	\$91.14	\$218.75
GEHA HIGH DEDUCTIBLE HEALTH PLAN (HDHP)			
Self	341	\$47.60	\$114.24
Family	342	\$108.72	\$260.94

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
KAISER FOUNDATION HEALTH PLAN HIGH OPTION			
Self	E31	\$66.51	\$159.61
Family	E32	\$163.28	\$390.44
KAISER FOUNDATION HEALTH PLAN STANDARD OPTION			
Self	E34	\$36.28	\$87.08
Family	E35	\$83.46	\$200.30

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
MAIL HANDLERS BENEFIT PLAN VALUE OPTION			
Self	414	\$28.77	\$71.65
Family	415	\$71.18	\$170.83
MAIL HANDLERS BENEFIT PLAN STANDARD OPTION			
Self	454	\$83.01	\$199.21
Family	455	\$198.14	\$475.55
MAIL HANDLERS BENEFIT PLAN CONSUMER OPTION			
Self	481	\$38.85	\$93.25
Family	482	\$88.04	\$211.30

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
MDIPA HIGH OPTION			

Self	JP1	\$60.61	\$145.46
Family	JP2	\$151.13	\$362.70

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
NALC			
Self	321	\$73.50	\$176.40
Family	322	\$149.87	\$359.69

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
UNITED HEALTHCARE HIGH DEDUCTIBLE HEALTH PLAN (HDHP)			
Self	E91	\$40.94	\$98.26
Family	E92	\$91.47	\$219.52
UNITED HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP)			
Self	E94	\$48.91	\$117.38
Family	E95	\$108.27	\$259.86